



ROB WOODALL

U.S. CONGRESSMAN for GEORGIA'S SEVENTH DISTRICT

PRIVACY ACT AUTHORIZATION & RELEASE

Note: The Federal Privacy Act requires that this office receive written authorization under the Act prior to undertaking inquiries with Federal agencies or departments on behalf of a constituent. Upon receipt of a completed and executed copy of this form, this office will endeavor to make inquiries on behalf of the constituent and otherwise render such assistance to the constituent as may be reasonable under the circumstances. However, neither Congressman Woodall nor any member of his staff is authorized or otherwise able to make final decisions on behalf of any federal, state or local department or agency.

--- PLEASE PRINT ---

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____

Place of filing: _____

Form type(s) – check all that apply:

☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360

☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690

☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)

☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: _____

Brief Description of the Issue (if you need more space, attach a separate sheet) :

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize the Department of Homeland Security/Department of State to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Representative Rob Woodall and Representative Woodall's staff. I release Congressman Woodall and members of his congressional staff of any liability arising from said inquiries or other actions on my behalf.

Signature (sign in ink): _____ **Date:** _____

Address: _____

Phone: _____

Email: _____

ATTACHMENTS - CORRESPONDENCE & ADDITIONAL INFORMATION:

Please attach photocopies of all related correspondence and such additional information as may be necessary to assist in the understanding and handling of your inquiry. Remember to retain copies for your own files.

RETURN ADDRESS:

Please return your completed form, together with attachments, to:

The Honorable Rob Woodall
1724 Longworth House Office Building
Washington, DC 20515
Office 770-232-3005 | Fax 770-232-2909